

Relationship Beyond Insurance

For Office Use Only	y:	
Scrutiny No.	Receipt No.	Policy No.

For Agent Use Only:

IMD Code	IMD Name		

HEALTH GUARD: PROPOSAL FORM

Instructions For Filling Up The Form:-

- Please answer all questions in BLOCK letters.

 The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.
- This Proposal will be the basis of any subsequent policy that the Company issues to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide the Company with any and all additional information relevant to risk to be insured or its decision as to acceptance of the risk or the terms upon which it should be accepted.

Proposer Details
1. Full Name: Title First Name First Name
Middle Name
2. Are you an existing Bajaj Allianz Customer: Yes / No If yes, please mention the Policy No: OG
3. Gender: Male Female Other 4. Date of Birth
5. PAN No 6. UID/Unique ID:
7. Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee
8. Marital Status: Married Single Divorced Widowed 9. No. of ChildrenSonsDaughters
10. Occupation Business Salaried Professional Student House Wife Retired Others
11. a) Permanent / Residential Address 11 b) Correspondence Address: (All the communications will be sent to the below address)
House No. House No. House No.
House Name
Landmark/Locality
Road/Area Name
City/District City/District City/District
State State State
Pin Code
Tel
Mobile
Email LIIII Email Email
12. Educational Qualification: Matriculate Under Graduate Graduate Post Graduate Professionally Qualified
13. Family Monthly Income: □ Up to Rs. 20,000 □ Rs. 20,001 to Rs. 50,000 □ Rs. 50,001 to Rs. 1 lakh □ Above Rs. 1 lakh
14. In case of any Offer, you would prefer to be contacted by: Phone Email
15. Nationality L
17. Plan: Silver Gold
18. Sum Insured Options
 a) Health Guard Individual Sum insured:
□ 1.5 lacs □ 2 lacs □ 3 lacs □ 4 lacs □ 5 lacs □ 7.5 lacs □ 10 lacs □ 15 lacs □ 20 lacs □ 30 lacs □ 35 lacs □ 40 lacs □ 45 lacs □ 50 lacs □ 10 lacs □ 10 lacs □ 20 lacs □ 30 lacs □ 35 lacs □ 40 lacs □ 45 lacs □ 50 lacs □ 30 lacs □ 35 lacs □ 40 lacs □ 45 lacs □ 50 lacs □ 30 lacs □ 35 lacs □ 40 lacs □ 45 lacs □ 50 lacs □ 30 lacs □ 35 lacs □ 40 lacs □ 45 lacs □ 50 lacs □ 30 lacs □ 35 lacs □ 40 lacs □ 45 lacs □ 50 lacs □ 30 lacs □ 35 lacs □ 40 lacs □ 45 lacs □ 50 lacs □ 50 lacs □ 30 lacs □ 35 lacs □ 40 lacs □ 45 lacs □ 50 lacs □ 45 lacs □ 50 la
19. Premium Payment Zone: Zone A Zone B
There are Two Zones for Premium payment
Zone A: "Following cities has been clubbed in Zone A:-
Delhi / NCR, Mumbai including Navi Mumbai, Thane and Kalyan, Hyderabad and Secunderabad, Bangalore, Kolkata, Ahmedabad, Vadodara and Surat. Zone B: Rest of India apart from Zone A cities are classified as Zone B.
Note:-
Policyholders paying Zone A premium rates can avail treatment allover India without any co-payment.
But, those, who pay zone B premium rates and avail treatment in Zone A city will have to pay 20% co-payment on admissible claim amount. This Co – payment will not be
applicable for Accidental Hospitalization cases."

Policyholder residing in Zone B can choose to pay premium for Zone A and avail treatment all over India without any co-payment.

20. DETAILS OF PERSONS TO BE INSURED

Member Details	Relationship with Proposer	Date of Birth DD/MM/YYYY	Age	Height	Weight	Gender (M/F)	Sum Insured	Nominee	Nominee Relationship with Insured

	Disorder of the heart, or circulatory system, chest pain, high blood pressure, stroke, asthma any respiratory conditions, cancer tumor lump of any kind, diabetes, hepatitis, disorder of urinary tract or kidneys, blood disorder, any mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy) slipped disc, backache, any congenital/ birth defects/ urinary diseases, AIDS or positive HIV, If yes, indicate in the table given below. Yes/ No No No No No No No N							
22.	Do you or any of the family members to be co (Please provide details in the table given below	ast and have been taking	n taking treatment/ hospitalization?					
Sr. No	Name of the person	Name of the Illness/injury suffered / suffering in the past	Treatment details	Date first treated	Current Status of the Illness/Diseases/Injury			
C		tiative, we will send the policy copy ant to receive the physical hard copy	-	gitally signed valid d	locument.			
*DE	CLARATION							
1.	I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer							
3.	and that the policy will come into force only after full payment of the premium chargeable. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been							
4.	insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and							
5.	seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.							
	osed Policy Period: From: DD/MM/YYYY , To: (Y Y Y Y	Signatur	re of Proposer			
INS	SURANCE ACT, 1938 SECTION 41 - PROHIBIT	ION OF REBATES						

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO RUPEES TEN LAKH.

* Please read declaration wordings carefully before signing the proposal form.

21. Has any of the persons to be insured suffer from/or investigated for any of the following?